| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 46)  |
| County Somerse  | Registration Dist. No. 268   |
| Village or City. DEALS ISLAND MO  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)             |
|   | ds. How long in U.S. if of foreign birth?yrs,mosds.  |
| 2. FULL NAME Aura May Boll  | ou   |
| (a) Residence: No.  | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS   | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)  | (Month) (Dey) (Near)   |
| ia. If married, widowed, or divorced  HUSBAND of (or) WIFE of Policy 4. B. Boll For   | 22. I HEREBY CERTIFY. That Vallended deceased from   |
| 5. DATE OF BIRTH (month, day, and year) Luly 16 1888  | 1934, 10 6 10 1939<br>1 last saw h 12 alive on F2 1 4 1934; death is said  |
| 7. AGE Years   Months   Days   If LESS than   | to have occurred on the date stated above, at  |
| 35 45 4 6 / 29 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:                                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc.   | Gastric Carlinong  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| The Date deceased last worked at this occupation (month and year)  The Date deceased last worked at this occupation (month and year)  The Date deceased last worked at this occupation (month and year) |  |
| 12. BIRTHPLACE (city or town) Pattu son N. J.   | Other Contributory Causes of importence:  Pairs our Saxta au alian   |
| 5 13. NAME Aller Robinson   |  |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation  |
| 15. MAIDEN NAME MANAGER FORDE   | What test confirmed diagnosis?   |
| 1100 W DOG  | 23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?    |
| 16. BIRTHPLACE (city or town) (Stete or country)  | Where did injury occur?  |
| 17. INFORMANT PEALSTELAND BY LOSS   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Deals lela M. Date Jely 17, 1934  | Manner of Injury   |
| 19. UNDERTAKER LENNIG G. WEBSITE. (Address) DEALS ISLAND MD.  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 20 FILEO FUE / Le 1924 Avra Welster Registrar.  | (Signed) C. CHANCE, UD. M. D.  |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I   |                  | Example II   |               |
|---|------------------|--|---------------|
| The principal cause of death and related cause of importance were as follows: | es Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis " C C I VI C   | 1915             | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | 1921             | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927      | Perilonitis  | 3 days ago    |
| BUREAU V. S   |                  |  |               |
| Other contributory causes of importance:                                      | i j              | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923       | Gastroenteritis  | 1 year        |
|   |                  |  |               |
|   |                  |  |               |

| A   | Jo   |  |
|---|--|--|
| and should be carefully supplied. And should be stated by a first blother all | USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of | -  |
| 1 1 1   | Exact  |  |
| TOVE  | classified.  |  |
| stated L  | properly   | certificate  |
| 200   | he   | Jo   |
| nanan   | may  | back   |
| STOY S  | o that it  | tions on   |
| Philem.   | terms, s   | instruc  |
| 200   | plain  | . See  |
| De calera   | EATH in  | IN is very important. See instructions on back of certificate. |
| minonia   | OF D   | very   |
| 1101  | USE  | N is   |

| 1. PLACE OF DEATH   | <u></u>   |
|---|---|
| County somecset   | Registration Dist. No. 265  |
| Village Dr City Length of residence in city or town where death occurred vis  | HIN NOORPORATE LIMITS OF St., Ward (Il death occurred in a horpital or institution, give its NAME instead of street and number) |
| 111.01.   | ds. How long in U.S. if of foreign birth?dsds.  |
| 2. FULL NAME FIGURE VINGER  | ea logid.   |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEP 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH Feb. 10 ch 1934   |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)  |
| HUSBAND of<br>(or) WIFE of  | 22. I HEREBY CERTIFY, Thet I attended deceased from   |
| 1.11. n. A 1000   | - Jan. 1 1937, 10 Feb. 10 , 1934  |
| 6. DATE OF BIRTH (month, day, and year)   | I hast saw hel alive on Tite 9 1934; death is seid  |
| 7. AGE Years Months Days If LESS than 1 day,  | to have occurred on the date stated above, atm.   |
| // / / / Ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  |
| S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   | Subacute Weglindes Jan. 178   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and |   |
| 10. Date deceased last worked at this occupation (month end year) occupation  |   |
| 12. BIRTHPLACE (city or town) Crisbield   | Other Contributory Causes of importance:  |
| (State or country)  |   |
| 13. NAME OCS. 18. BYICK   |   |
| 13. NAME AS, T. Byck.  14. BIRTHPLACE (Sty or town)   | Manual of annual in   |
| (State or country)  | Name of operation Date of What test confirmed diagnosis? Cheuical Was there an autopsy?_ Zure                                   |
| 15. MAIDEN NAME Berlie & Plent  |   |
|   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                |
| 16. BIRTHPLACE (city or town) (State or country)  | Where did injury occur?   |
| 17. INFORMANT Jas: P. Byd. (Address)  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.              |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Place asbuy Louceleng Date / the 12 1934  | Nature of injury.   |
| 19. UNDERTAKER Address) Carl Carl   | 24. Was disease or injury in any way related to occupation of deceased?   |
| (Mulicas)   | If so, specify  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. In the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATI | EMENTS BY PHYSICIAN |
|------------------------------------|---------------------|
|------------------------------------|---------------------|

N. B.—WRITE PLAI

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | U1840   |
| County Domerset  | Registration Dist. No. 270  |
| Village or City Original RFD   | More st Ward  |
| Length of residence in corpor town where death occurred \$22 yrs. 4 mos  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth? |
| 2. FULL NAME Comma Janeto  | urtis   |
| (a) Residence: No. South South South   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 4. COLOR OR RACE SISNGLE MARRIED, WIDOWED, OLD LYORCED (write the word)  | 21. DATE OF DEATH burary 25 193 H   |
| 5a. If married, widowed, Adivorced HUSBAND of  | (Month) (Day) (Year)  |
| COST HIE OF DEVENT, Ourtes   | 25 CERTIFY. That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) NOV. 7 1852  | I last saw to 2 alive on 126 2 5 ,193 4, death is said  |
| 7. AGE Years Months Pays It LESS than I day,   | to have occurred on the data stated above, at 3.50 cm.  |
| ormir.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were es follows:  |
| 8- Trade, profession, or particular kind of work done, is a province with the same wit | Myocordiles -   |
| Kind of work done, is PATRALO SAWYER, DOKKEPPER, atc.  9. Industry or business in which work was bore as SILK MID.   | arterio silviosis   |
| work was dorte as SILK MD Love SAW MILL BANK, etc.   | acute aordine   |
| 10. Data decasad last worked at this pention (month and spent in this spent in the  | Distriction.  |
| near Marioustation Med.  | Other Contributory Conses of importance:  |
| (Stata or country)   | Musicanal ackly   |
| 5 13/MANEY George H Berry C  | HE SEE SEE  |
|  | vicuos inoges   |
| 14. BIRTHPLACE (city of town Office (State or country)   | Name of operation Date of Was there an autopsy?   |
| I 15. MAIDE Marry ame Coulbourn  | What test confirmed diagnosis?  |
| 15. MAIDE MARY Uma Coulbourn  16. BIRTHPLACE (cit Jan) Marion  | Accident, suicide, or homicide? Data of injury  |
| ∑ (State or country)   | Where did Injury occur?   |
| 17. INFORMANT Gertrudg Cyrlis (Address)  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |
| 18. BURIAL, CREMOTION, OR REMOVAL  | Manager 11 to again.  |
| Place / rine essame Date Feb 28 1934   | Manner of injury  |
| John A Bradalan-   | Neture of Injury  |
| 19. UNDERTAKEN OF KI W MOASMAN (Address)   | 24. Was disease or injury in any way related to occupation of deceasad?   |
| 20. FILED 786-28 1934 C. E. COPP.  | (Signed) 1 2/1 Coulbourn MCD  |
| Registrar.   | (Address) O C O O N M (A A A A  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TU. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I     |  | Example II  |  |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset   |  |
| 1915          | Attack of epilepsy   | 1 week ago  |  |
| 1921          | Run over by street car   | 1 week ago  |  |
| July 5,1927   | Peritonitis  | 3 days ago  |  |
|               |  |   |  |
|               | Other contributory causes of importance:                                       |   |  |
| May 1,1923    | Gastroenteritis  | 1 year  |  |
|               |  |   |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |  |

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| Registration Dist. No. 260  |
|---|
| No. St., Ward th occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?ds.                    |
| St., Ward. "  If nonresident give city or town and State  |
| MEDICAL CERTIFICATE OF DEATH  |
| L. DATE OF DEATH Cincess Anne, February 16th., 1934. (Month) (Day) (Year)   |
| I HEREBY CERTIFY. That I attended deceased from  193 4 10   |
| Serebral Hamerrhage 2 41/3  |
| Other Contributory Causes of Importance:  Of Description 2/11/3 of  Dellas land   |
| Name of operation Date of Date of What test confirmed diagnosis? Clean Was there an au'opsy? Me   |
| Recident, suicida, or homicide?, 19 |
| Manner of injury  |
| (Signed) (Address) (Address)  |
| N Charles Street Relimone Paguetten 71 S No -   |

If more Manks are needed, address State Registrar, 241

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Butter   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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|   | CERTIFICATE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH  County Somerset  | 2/3   |
|   | Registration Dist. No. 26 3   |
| Village or City 11 + Octoom (If   | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)                              |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Salhering Smma   | (itch) Dennis   |
| (a) Residence: No. 15120005 Anna Paulo (Usual piace of abode)                               | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)           | 21. DATE OF DEATH Teb 17 ,193 H (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of   |   |
| (or) WiFE of  | 1 HEREBY CERTIFY, That I attended dacased from  |
| 6. DATE OF BIRTH (month, day, and year) Feb 17 1934   | I last saw in Sint San Olor 19 death is said  |
| 7. AGE Yaars Months Days If LESS than   | to have occurred on the data stated above, at   |
| 1 day,hrs.<br>ormin.  | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. | Date of onset   |
| SAWYER, BODKKEEPER, etc   | Stillborn be materia  |
| 9. Industry or business in which work was dona, as SILK MILL, St. 11 born Portaut           | Dimborn premature   |
| 10. Date deceased last worked at this occupation (month and year)                           | V m falm  |
| 12. BIRTHPLACE (city or town) That y lack (State or country)                                | Dther Contributary Canses of importance:  |
| 13. NAME Rangeton Poitch  |   |
| 14. BIRTHPLACE (city or town) a year lacusty (State or country)                             | Name of operation   |
| 15. MAIDEN NAME Sarah Idennis   | What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town)   | Accident, suicida, or homicide? Date of injury, 19  |
| 17. INFORMANT Bennio Lennis (Address) Priesces Quie Privas                                  | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                    |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |
| Place MI (Verney Date 126, 70, 1934   | Nature of Injury  |
| 19. UNDERTAKER Elling Jones   | 24. Was disease or Injury In any way related to occupation of deceased?   |
| (Address) Jy Charles 13 Jeff 3  | If so, specify  |
| 20. FILED 20119, 1934, Stephen The Comment  | (Signed) Schow of anti-   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I  | ====================================== | Example II   |               |
|--|--|--|---------------|
| The principal cause of death and related ca of importance were as follows: | uses Date of onset                     | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915                                   | Attock of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921                                   | Run over by street car   | 1 week ogo    |
| Cerebrol hemorrhage  | July 5, 1927                           | Peritonitis  | 3 days ago    |
| NO.  |  |  |               |
| Other contributory causes of importance:                                   |  | Other contributory causes of importance:                                       |               |
| Gollstones   | Moy 1,1923                             | Gastroenteritis  | 1 year        |
|  |  |  |               |
|  |  |  |               |

| County Downers   | CERTIFICATE OF DEATH  |
|--|---|
| Village or City Crixleeng. WITHIN C  | Registration Dist. No. 2 65  Registration Dist. No. 2 65  Ward) (If death occurred in the state of the state |
| 2FULL NAME Derfaul   | A hospital or institu-<br>tion, give its NAME it<br>stead of street and<br>number.)   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3 SEX . 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)               | 16 DATE OF DEATH  (Month) (Day) (Year)  |
| (Month) (Day) Year)  | that I last saw h Malive on Eh' 24 193  |
|  |   |
| yrs. mos. / ds. or min.?   | The CAUSE OF DEATH *, was as follows:   |
| B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry |   |
| business, or establishment in  | (Durstion) yrsde.   |
| 9 BIRTHPLACE (State or country)  | Contributory (Manualling 6 2 Miss. de.  |
| 10 NAME OF FATHER Ollis Fra  | (Sized) Olas / Chavella M.D.  |
| OF FATHER  (State or country)  | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.   |
| of Mother Office / Dev   | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-<br>ients or Recent Residents)   |
| 13 BIRTHPLACE OF MOTHER (State or Country)   | At place of death yrs mos ds, State yrs mos ds, Where was disease contracted,   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   | if not at place of dea.h?   |
| (Informant) Office + grs   | Former or usual residence   |
| (Address) Crisqueld  | astery Courtery Fer. 25, 193  |
| 15 Filed 428- 25 1984. C. F. Collins   | 20 DIN DERTAKER ADDRESS   |

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PHYSI-

hould be carefully supplied. ACE should be stated EXACTLY, P. CF DEATH in plain terms so that it may be properly classified. s very important. See instructions on back of certificate.

is very important.

CIANS should st statement of OCC

N. B.

BINDING

FOR

UNFADING INK--THIS MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tired 6 yrs). ployed, as At school, or At home. Care should be taken en at home, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as 'Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

OCCUPA-

should

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |             | Example II   |                   |  |
|--|-------------|--|-------------------|--|
| The principal cause of death and related causes of importance were as follows: |             | The principal cause of death and related causes of importance were as follows: | Ses Date of onset |  |
| Arterioselerosis   | 1915        | Attack of epilepsy   | 1 week ago        |  |
| Chronic interstitial nephritis   | 1921        | Run over by street car   | 1 week ago        |  |
| Cerebral hemorrhage  | July 5,1927 | Peritonitis  | 3 days ago        |  |
| MAKE & 1884  |             |  |                   |  |
| Other contributory causes of importance:                                       |             | Other contributory causes of importance:                                       |                   |  |
| Gallstones   | May 1,1923  | Gastroenteritis  | 1 year            |  |
|  |             |  |                   |  |

ż

| 1. PLACE                                       | STATE OF DEATH  | OF MAR                       | YLAND—                                  | CERTIFICATE   | OF DEA                                  | TH                                       | 845                                     |
|--|---|------------------------------|---|---|---|--|---|
| County   | Gomorsit  |                              |   |   | Registration D                          | ist. No. 2                               | 20                                      |
| 100  | or Gity TE Crist  | reld                         | (li                                     | No. Marines<br>f death occurred in a hospital or institu                        | 'N Rd.                                  | 12                                       | Word                                    |
| Will Hength of                                 | residence In city or town when  | e death occurred             | yrsmos                                  | sds. How long in U.S. If o  | f foreign blrth?                        | yrsr                                     | nosds.                                  |
| 2. FULL N                                      | NAME Still  | mu / to                      | Mand                                    | ,   |   |  |   |
|  | dence: No.  | (Usual place                 |   | St.,Ward.   | If nonresident g                        | ive city or town an                      | d State                                 |
|  | ONAL AND STATIS   |                              |   | MEDICAL C   | ERTIFICATE                              | OF DEATH                                 |   |
| 3. SEX   | 4. COLOR OR RACE  | 5. SINGLE, MAI<br>OR DIVORCE | RRIED, WIDOWED,<br>ED (write the word)  | 21. DATE OF DEATH   | Fels.                                   | 28<br>(Dey)                              | ., 193 44<br>(Year)                     |
| 5a. If married, wi<br>HUSBAND (<br>(or) WIFE o | dowed, or divorced<br>of<br>f   | (                            |   | 22. I HEREBY  | CERTIFY                                 |  |   |
|  | TH (month, day, and year)   | Feb. 28                      | , 1934                                  | I last saw h alive on   | , I9, to                                |  | , |
| 7. AGE   | Years Months  | Days 0                       | If LESS than  1 day,hrs.  ormin.        | to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows: |   |  |   |
| 8. Trade, pr                                   | rofession, or particular<br>of work done, as SPINNER,<br>YER, BOOKKEEPER, etc |                              |   | Stell   | on                                      | ************                             | Date of onset                           |
| 9. Industry                                    | or business in which<br>was done, as StLK MILL,<br>MILL, BANK, etc            |                              |   |   | ••••••••••••                            |  |   |
| - 1 1110 0                                     | eased last worked et occupation (month and                                    | 11. Total t<br>spe<br>occ    | ime (years)<br>nt in this<br>upation    |   |   |  |   |
| 12. BIRTHPLACE<br>(State or o                  | (city or town)  |                              |   | Other Contributory Causes of Impo   | rtance:                                 |  | *************************************** |
| 13. NAME                                       |   |                              |   |   |   |  |   |
| (3131)   | ACE (city or town)  |                              |   | Name of operation What test confirmed diagnosis?                                | eleman O                                | Date of Was there an                     |   |
| 15. MAIDEN                                     | NAME Mary   | Hollo                        | end                                     | 23. If death was due to external cau  |   |  |   |
|  | ACE (city or town)  | Crificle                     | ma.                                     | Accident, suicide, or homicide? Where did injury occur?                         | Da                                      | te of Injury                             | , 19                                    |
| 17. INFORMANT _<br>(Address)                   | sam   | C                            | *************************************** | Specify whether injury occurred In  | (Specify city or to<br>INDUSTRY, in HOM | wn, county and Sta<br>E, or in PUBLIC PL | te)<br>ACE.                             |
| I8. BURIAL, CREM                               | Crisqueld   | Date Fel                     | - 28 . 1934                             | Manner of injury  |   | *************                            |   |
| 19, UNDERTAKER<br>(Address)                    |   | tolland                      |   | 24. Was diseese or injury in eny wa   |   |  |   |
| 20. FILED                                      | , 19  |                              | Registrar.                              | (Signed) Saval La   | ley ton                                 | ul-                                      |   |
| OCAL REGI                                      | Silling 1027 Off mon  | e blanks are needed,         | address State Registrar,                | 2411 N. Charles Street, Baltimore, Rec  | questing U. S. No. 1.                   |  |   |

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis E.C.  | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial heritaritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
|  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenterilis  | 1 year        |  |
|  |               |  |               |  |

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

shig B

| item of infor-<br>should state<br>of OCCUPA.   |                  |
|--|------------------|
| N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | 3.               |
| NDING<br>RMANENT<br>X A C T L<br>classified.   | 5a               |
| FOR BI<br>IS A PEI<br>stated E<br>properly<br>certificate.   | 7.               |
| MRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.  | MOTHER FATHER 51 |
| IN IDIN  | 12               |
| H UNFA<br>supplied<br>in terms<br>See instr  | FATHER           |
| VLY, WIT<br>e carefully<br>ATH in pla  | MOTHER           |
| LAIN UIN P   | 17.              |
| On short SE OF   | -                |
| Ro. 1 R.—WR matic  | 19               |
| N. B.—v.   | 20,              |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 01840   |
| County Somerses  | Registration Dist. No. 2 70   |
| Village or City Hopwell  | No. St Ward   |
| Langth of residence in city or town where death occurredyrsmos   | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME John Johnson  |   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  1934 (Month) (Oay) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of divorced Estelle Johnson  | 22. I HEREBY CERTIFY, That I attanded deceased from 19, 19, 19  |
| 6. DATE OF BIRTH (month, day, and year)  | I last saw h alive on, 19; daeth Is said  |
| 7. AGE Years Months Devo If LESS than I day,hrs.   | to have occurred on the date stated abova, atm.  Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:               |
| 8 Trade profession or particular   | no Rhysien - Oate of onset  |
| 9. Industry or business in which work was done, as SILK MILL,  | Cause of death sulland  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata deceased last worked at this occupation (month and | to by Ruenmania   |
| yaar)  | Other Contributory Causes of Importance:  |
| 12. BIRTHPLACE (city or town)  (State or country)  |   |
|  |   |
| E  |   |
| 14. BIRTHPLACE (city or town) (Stale or country)   | Nema of oparation Date of   |
|  | What test confirmed diagnosis? Was there an eulopsy? Was there an eulopsy?  |
| E WOODOON  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide?   |
| 17. INFORMANT Quene Roach Hopwell and  | (Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                            |
| Place Hopwell Com, Date Hely, 23, 19.33  | Menner of injury  |
| 19. UNDERTAKER Ohn, Or Bradshow (Addiess)  | 24. Was disease or injury in eny way related to occupation of deceasad?   |
| 20. FILEO FEB 22, 1934 C. S. Collingeria.  | (Signed) 10 & least Register M. D. (Address) Lessofish Mand   |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

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| Example I  | - i           | Example II   |               |
|--|---------------|--|---------------|
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| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 1000 1 1000  |               |  | 1 1 5         |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

|                            | - (II a)         |                                 |                                 | 01                       |               |
|----------------------------|------------------|---------------------------------|---------------------------------|--------------------------|---------------|
|                            |                  | Registrati                      | on Dist. No                     | 20                       | 0             |
| death occurred in a l      |                  |                                 |                                 |                          |               |
| m20 m                      |                  |                                 |                                 |                          |               |
|                            | Ward.            | If nonresio                     | ent give cily or                | town and S               | Slate         |
| M                          | EDICAL C         | ERTIFICA                        | TE OF DE                        | ATH                      |               |
| 21. DATE OF                | DEATH            | Teb (Month)                     | 9 (Day)                         |                          | 193 (Year)    |
| 70b 1 H                    | EREB             | CERTI                           | F Yo That I                     | attended d               | eceased from  |
| teb                        | 746              | CERTI                           |                                 |                          |               |
| I last saw ho              | alive on         | 7.b                             | 824                             | 1984                     | death is said |
| to have occurred o         | n the date state |                                 |                                 |                          |               |
| The PRINCIPAL O            |                  |                                 |                                 | ance                     |               |
|                            | zur chies        | two day                         | a Colore                        | 12-20                    | Date of onset |
| 0                          |                  | 0                               |                                 | man.                     |               |
| Prom                       | cho-             | pasen                           | 2220                            | 2.1                      | 2/1/21        |
| Com                        | mpliet           | t                               | Theorga<br>Cong                 | /_                       | 1/30          |
|                            | · ·              | Fad                             | Cove                            | (AD                      |               |
| Other Contributor          | v Causes of Imp  | 900                             | . 27, 1934                      | -                        |               |
|                            | ,                |                                 |                                 |                          |               |
|                            |                  |                                 |                                 |                          |               |
| ***********                | *******          |                                 |                                 |                          |               |
| Name af operation          | 1                |                                 |                                 | Date of                  |               |
| What test confirme         | ed diagnosis?    | None                            | Was                             | there an au              | topsy? No     |
| 23. If death wes due       |                  |                                 |                                 |                          |               |
| Accident, suicide,         |                  |                                 |                                 |                          |               |
| Where did injury           |                  |                                 |                                 |                          |               |
| Specify whether in         |                  | (Specify city<br>n INDUSTRY, in | or town, count<br>HOME, or in P | y and State<br>UBLIC PLA | CE.           |
| Menner of injury           |                  |                                 |                                 |                          |               |
| Nature of injury_          |                  | ***********                     |                                 |                          |               |
|                            |                  |                                 |                                 |                          |               |
| 24. Was diseasa or         | injury in any w  | vay related to oc               | cupation of dec                 | easad?                   |               |
| If so, specify - (Signed). | 0-4              | SW                              | orthor                          |                          |               |
| (Signed)                   | WANTED TO        | J. U. A                         | JUN ON                          | TLOU                     | MI            |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| The second second  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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| ARGIN RESERVED FOR BINDING | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI |
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PHYSICIANS should state CORD. Every item of infor-

stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 01848  |
| County Somerself  | Registration Dist. No. 2 6 7   |
| Village or City Daniel Danier   | NoSt.,Ward   |
|   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? |
| 2. FULL NAME Walky S. 1908/11   |  |
|   | St. Ward.  |
| (a) Residence: No. (Usual place of abode)   | If nonresideat give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  |
| Mi White married  | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 22. A I HEREBY CERTIFY, That I ettended deceased from  |
| Joenna Vallace  | Jan 15 1933, 10 Fel / , 1934   |
| 6. DATE OF BIRTH (month, day, and year) Jan 10 1860   | I Jast saw h Lax alive on and 13 , 19 B 3; death is said   |
| 7. AGE Years Months Days If LESS than 1 day,hrs.  | to have occurred on the date stated above, at  |
| ormin.  | wera as follows:   |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.   | Desiles of the   |
| 9. Industry or business in which  | - Curvan Alganny   |
| kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and  | U V V V V V V V V V V V V V V V V V V V  |
| 10. Date deceased last worked at this occupation (month and year)  year)  Occupation coupation  |  |
| Daniel D. M.  | Other Coatributory Caases of importance:   |
| 12. BIRTHPLACE (city or town). AVMAND. SANAVIII.  (State or country)  | Chronic Munich   |
| E 13. NAME Carnes St. Relles  |  |
| 13. NAME (and the state of the | Nama of operation Data of  |
| (State of Country)  | What test confirmed diegnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Margary Johnson   | 23. If death was due to external causes (VIDLENCE) fill In also the following:   |
| 16. BIRTHPLACE (city or town) - Charles Mol   | Accident, suicide, or homicide?  |
| (State or country)  | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT PLANA SULAN (Address) ADDIA 12 TO 112   | Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Place Dama Qualle Date 16 4, 1934   | Nature of injury   |
| 19 UNDERTAKER Fired T Stylister   | 24. Was disease or injury in any way ralated to occupation of deceased?  |
| (Address) Deals locand ma   | If so, specify   |
| 20. FILED Fleb / 1934 B. M. Kelly   | (Signed) (Signed) M. D.  |
| Registrar.  | (Address) Thursd   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset |
|---------------|
| 1 week ago    |
| 1 week ago    |
| 3 days ago    |
|               |
|               |
| 1 year        |
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|               |

| )                          | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. |   |
|----------------------------|---|--|---|---|
| INDING                     | ERMANENT RECC   | XACTLY. PH   | classified. Exact   |   |
| ED FOR B                   | HIS IS A PE   | be stated E  | be properly   | of certificate  |
| ARGIN RESERVED FOR BINDING | NG INK-TI   | AGE should   | that it may   | ions on back  |
| ARGIN                      | ITH UNFADI  | lly supplied.  | plain terms, so   | See instruct  |
| •                          | PLAINLY, WI   | ould be carefu   | F DEATH in 1  | ION is very important. See instructions on back of certificate. |
| (                          | WRITE 1   | nation she   | AUSE O  | VION is V   |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 48   |
| County Somerses  | Registration Dist. No. 26/   |
| Village or City An. Marion   | NoSt.,Ward   |
| Length of residence in city or town where death occurred 23_yrs_4mos.  | death occurred in a horpital or institution, give its NAME instead of street and number)  S. ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME ASERL' Matth  |  |
| (a) Residence: No.   | CA Ward  |
| (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  |
| J' married   | (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22 I HEREBY CERTIFY, That I attended deceased from   |
| Leorge Malhews   | Jaw 1932, 10 Jeb 14 1934   |
| 6. DATE OF BIRTH (month, day, and year) 1859 - 9 - 29  | I last saw h 2 alive on File 14 , 1934; death is said  |
| 7. AGE Years Months Days If LESS than I day,hrs.   | to have occurred on the date stated above, at \$2.75.00m.  |
| 7 0 ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   |
| Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc   | agus Del of New Y.   |
| S Industry or business in which  | 4 10,94  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| Spell ( III ( III )  |  |
| year)  | Other-Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town)  | ( Dorcessina D) Litino   |
| (State or country)   |  |
| 13. NAME William Darby 14. BIRTHPLACE (city or town) Server Co.  |  |
|  | Name of operation Dave of Date of  |
|  | What test confirmed diagnosis? Was there an autopsy?   |
| I CONTRACTOR   | 23. If death was due to external causes (VIOL ENCE) fill In also the following:  |
| 16. BIRTHPLACE (city or town)   Use Residence   (State or country)   | Accident, suicide, or homicide?  |
| es mattleurs   | (Specify city or town county and State)  |
| 17. INFORMANT ATOMIN Programme Conditions of the | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury   |
| Place Perotect les Date tet 17, 19.3 %   | Nature of injury   |
| 19. UNDERTAKER John @ Bradshow   | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) Quickles and   | If so, specify   |
| 20. FILED W17 134 Gerelia 12, Jawson   | (Signed) Loup Doulland M. D.   |
| Registrar.   | (Address) moressa ma   |
| 15 more blanks are needed, address State Registrar, 2  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewifc in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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|   | Example I                           |               | Example II   |               |
|---|-------------------------------------|---------------|--|---------------|
| The principal cause of importance were as | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                          | me me pri pri                       | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial neph                 | ritis                               | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                       | MAR 10 1504                         | July 5,1927   | Peritonitis  | 3 days ago    |
|   | BUDGALLY                            | 100           |  |               |
| Other contributory ca                     | uses of importance:                 |               | Other contributory causes of importance:                                       |               |
| Gallstones                                |                                     | May 1,1923    | Gastroenteritis  | 1 year        |
|   |                                     |               |  |               |
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| mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul | properly | ertificat |
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STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | 1. 1 | - | 100 | 15 |  |
|---|------|---|-----|----|--|
| 1 | JI   | 8 | 6)  | U  |  |

| 1          | . PLACE OF DEATH   |                                |                                   | <b>3</b>   |                |
|------------|--|--------------------------------|-----------------------------------|--|----------------|
|            | County Somerset  | ,                              | -7-                               | Registration Dist. No. 265   |                |
|            | Village or City Crisfield,   | Md. W                          | ITHIN COR                         | No. St., death occurred in a hospital or institution, give its NAME instead of street and r  | Ward           |
|            |  | _ /                            | 1 -                               | ds. How long in U.S. if of foreign birth?yrsm  | isds.          |
| 1          | . FULL NAME Charles Ed   | lward(                         | Green / M                         | Mes - Stillow  |                |
|            | (a) Residence: No.   | (Usual place o                 | of abode)                         | St., Ward.  If nonresident give city or town and   | State          |
| -          | PERSONAL AND STATISTICAL   |                                |                                   | MEDICAL CERTIFICATE OF DEATH   | State          |
| -          |  |                                | RIED, WIDOWED, (write the word)   | 21. DATE OF DEATH February 7,  | , 193 <u>4</u> |
| 5a.        | If married, widowed, or divorced<br>HUSBANO of<br>(or) WIFE of                             |                                |                                   | 22. I HEREBY CERTIFY, That i attended  |                |
| -          | DATE OF BIRTH (month, day, and year) Feb.  | 7, 1                           | 934.                              | i tast saw h alive on, 19, 19, 19, 19, 10 have occurred on the date stated above, at & \( \begin{align*} \begin |                |
|            | x x  | X                              | 1 day,hrs.                        | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   | Oate of onset  |
| TION       | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc |                                | ••••                              |  |                |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc          |                                |                                   | Stillborn  |                |
| 00         | deceased last worked at this occupation (month and year)                                   | 11. Total tin<br>spen<br>occur | ne (years)<br>t in this<br>pation |  |                |
| 12.        | BIRTHPLACE (city or town) Crisfie (State or country)                                       | eld, M                         | d.                                | Other Contributory Causes of Importance:   | **********     |
| ER         | 13. NAME Edward Charles  | Gree                           | n                                 |  |                |
| FATHER     | 14. BIRTHPLACE (city or town) Crisfi (State or country)                                    | eld,                           | Md.                               | Name of operation  |                |
| ER         | 15. MAIOEN NAME Martha Eliza   | beth                           | Miles                             | 23. If death was due to external causes (VIOLENCE) fill in also the following  |                |
| MOTHER     | 16. BIRTHPLACE (city or town) Westov<br>(State or country)                                 | rer, M                         | d.                                | Accident, suicide, or homicide? Date of injury Where did injury occur?   |                |
| 17.        | INFORMANT Charles Green (Address) Crisfield, I   | ſd.                            |                                   | (Specify city or town, county and State<br>Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA  | CE.            |
| 18.        | BURIAL, CREMATION, OR REMOVAL Place Lawsonia   | Feb.                           | 9, 19 34                          | Manner of injury   |                |
| 19.        | UNDERTAKER John A. Brad (Address)  | lshaw                          |                                   | 24. Was disease or injury in any way related to occupation of deceased?  |                |
| 20.        | FILEO Feb. 8, 1934. C. E.  | Coll                           | ins, M.D.                         | (Signed) S. La. Pay tour<br>(Address) Lais Just, M.  | M. D.          |
|            | If more blanks   | are needed, ad                 | Idress State Registrar,           | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.   |                |

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Evample II

| Example 1  | i             | Example 11   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 wcek ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BURGAV V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS | SICIAN |
|---|--------|
|   |        |

| STATE OF I | MARYLAND- | CERTIFICATE | OF | DEATH |
|------------|-----------|-------------|----|-------|
|------------|-----------|-------------|----|-------|

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| 1          | . PLACE OF DEA  | TH                   |                 |   |  |
|------------|---|----------------------|-----------------|---|--|
|            | County Som  | wat                  |                 |   | Registration Dist. No.   |
|            | Village or City 1   | estrone              | 02 D.           |   | NoSt.,Ward   |
|            | Length of residence in a                                    | city or town where d | eeth occurred 8 | / vrs mos                               | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign blrth?  |
|            | 2. FULL NAME  | (/-                  | ,               |   |  |
| 1          | (a) Residence: No.  |                      | -               | in the same                             | Ch Ward  |
|            | (a) Residence: No.  | usun                 | (Usual place    | of abode)                               | St., Ward.  If nonresident give city or town and State   |
|            | PERSONAL AN   | ND STATIST           | CAL PARTI       | CULARS                                  | MEDICAL CERTIFICATE OF DEATH   |
|            | mir 4. cold   | OR OR RACE           |                 | RIED, WIDOWED, D (write the word)       | 21. DATE OF DEATH La. (Day) (Year)   |
| 5a.        | If married, widowed, or div<br>HUSBAND of<br>(or) WISE of   | orced                | na 0.0          |   | 22.   I HEREBY CERTIFY, That I attended deceased from  |
| 6          | DATE OF BIRTH (month, da                                    | Con year one ye      | 2km             | 1853                                    | 1934, to   |
|            | AGE Years   | Months               | Days            | If LESS than                            | to have occurred on the dete stated above, at . S  |
|            | 81  |                      |                 | I day,hrs.                              | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   |
| NO         | Trade, profession, or particle with the same sawyer, bookke | . as SPINNER.        |                 |   | Date of onset  |
| OCCUPATION | 9. Industry or business i                                   | n which              | 0 .             | • | Climio Deet negliela   |
| CUF        | work was done, es<br>SAW MILL, BANK,                        |                      | nhier           |   | Several astro Islano   |
| 00         | 10. Date deceased last we this occupation (me year)         | onth end             | 11. Total ti    | me (years) It in this pation 40         | The state of the s |
|            |   | 2001                 | )               | pation                                  | Other Contributory Causes of importence:   |
| 12.        | (State or country)  | ) Older              | l <sub>x</sub>  |   | Clima mponois  |
| 2          | 13. NAME & DA   | mill                 | >0              |   | alwar Dut weflules   |
| FATHER     | 14. BIRTHPLACE (city or t                                   | ma med               |                 |   | Neme of operation_ 22224 Date of   |
| FA         | (State or country)  | OWII)                | *****           |   | What test confirmed diagnosis?   |
| HER        | 15. MAIDEN NAME   | railtea              |                 |   | 23. If death wes due to external causes (VIOLENCE) fill in also the following:   |
| MOTHER     | 16. BIRTHPLACE (city or t                                   | own)                 | b               |   | Accident, suicide, or homicide? Date of Injury, 19   |
| -          | (State or country)  | @ 11                 | 0               |   | Where did injury occur? (Specify city or town, county and State)   |
| 17.        | (Address)   | Dalle                | ara             |   | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  |
| 18.        | BURIAL, CREMATION, OR                                       | REMOVAL              |                 | -                                       | Manner of Injury   |
|            | Place Steel   | lill (eu             | Date Out        | 81 , 1934                               | Nature of injury   |
| 19         | UNDERTAKER John   | n & B                | indas           | haw                                     | 24. Was disease or Injury In any wey related to occupation of deceased?  |
|            | (Address)   | stield               | aug             | 7)                                      | If so, specify   |
| 20.        | FILED M8  | 1934 Chin            | relea 12        | Jauron                                  | (Signed) Serry Q oullnum. M. D   |
|            | /   | 7                    |                 | Registrar.                              | (Address) marian ond   |

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephrilis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

mation should be carefully supplied. AGE should be

V. S. No. 1

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|             | Every ite<br>CIANS s  |
| •           | RECORD.<br>PHYSI  |
| NDING       | IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA. |
| FOR BINDING | tated E roperly o   |

|  | -CERTIFICATE OF DEATH 01852   |
|--|---|
| 1. PLACE OF DEATH  | <u>(J31)</u>  |
| County & omerse  | Registration Dist. No. 270  |
| Village or City lensfield RFD  | No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)                                      |
|  | os/_ds. How long In U.S. if of foreign birth?yrsmos   |
| 2. FULL NAME Qulling Landon &  | cerrele   |
| (a) Residence: No. Furnament In (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH 3 193 4   |
| 5a. If merried, widowed, or divorced HUSBAND of  | (Month) (Day) (Year)  |
| (or) WIFE of Emery Prenche   | 22. I HEREBY CERTIFY. That I ettended deceased from 1934, to 3 mm 6 1936  |
| 6. DATE OF BIRTH (month, dey, end year) Age 23 1897  | liast saw ham elive on 7 % 3 ,192 %; death is se  |
| 7. AGE Yeers Months Days 1 If LESS then  | to have occurred on the date stated ebove, et 2   |
| 36 - 1 /1   1 day,hrs.   | were as follows:  |
| A Trade profession or particular   | Date of ons   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  | Chronic nephrito  |
| 10. Date deceased last worked et this occupation (month and year)  | Revile Delatation 7   |
| 12. BIRTHPLACE (city or town) Justine (Stete or country)   | Other Coutributory Causes of importence: Hense  |
| is 13. NAME Mm J. Lyndon   |   |
|  |   |
| 14. BIRTHPLACE (city or town)  | Name of operation Dete of   |
| 2 - 9 9 - 7  | Whet test confirmed diagnosis? Wes there en autopsy?  |
| - Children Theorem   | 23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  |
| 16. BIRTHPLACE (city or town) Therefore (State or country)   | Accident, suicide, or homicide?   |
| 17. INFORMANT Ernem Rendle   | Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address)  | The state of many occurred in Missister, in nome, or in Poblic PLACE.   |
| TO BORIAL, CREMATION, OR REMOVAL, My Date # 1 5 , 1934   | Manner of injury  |
| 19. UNDERTAKER MALLOW STUDENT SOLL  (Address) TO THE STUDENT S | 24. Wes disease or injury in any wey related to occupetion of deceased? No  |
| 20. FILED Februs 1934 Jor halling  | (Signed) Lo S lepth M.  |
| Regist er.   | (Address) lengtill Mrs  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL S | SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|----------|-----------|------------|----|-----------|
|--------------|----------|-----------|------------|----|-----------|

V. S. No. 1

ż

| STATE OF MARYLAND-   | -CERTIFICATE OF DEATH 01853  |
|--|--|
| 1. PLACE OF DEATH Somerset   | 1000   |
| County   | Registration Dist. No. 265   |
| Village or City W Crisfield McCready Me.   | morNoal Hospital St., Ward if death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mo   | sds. How long In U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Annie E Stephens  |  |
| (a) Residence: No. West Main St  | St., Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX emale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIWACCED and the word)   | 21. DATE OF DEATH Feb. 28 , 193 4 (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Stephens  | 22. I HEREBY CERTIFY. That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) April 21 1862  | 1 last saw h. Ch. alive on Feb. 28 , 1934; death is said   |
| 7. AGE Years Months Days If LESS than 1 day,hrs.   | were as follows:   |
| Trade profession or particular   | Darelo Jaconorea Tel. 2334   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at Feb 11. Total time (years) 50 |  |
| 10. Date deceased last worked at Peb this occupation (month and year) 11. Total time (years) 50 spent in this occupation   |  |
| 12. BIRTHPLACE (city or town) Marumsco (Stete or country) IId  | Other Contributory Causes of Importance:   |
| Thomas Stephens  |  |
| 13. NAME Thomas Stephens Unknown (State or country)  | Name of operation Date of What test confirmed diagnosis?   |
| 15. MAIDEN NAME Amanda Powell  |  |
| 15. MAIDEN NAME AMANDA POWELL  16. BIRTHPLACE (city or town)  (Stete or country)   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?        |
| Marie Davis  17. INFORMANT GrisfieldHd   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.     |
| 18. BURIAL, CREMATION, OR REMOVAL Crisfield Cemale March 2,9 19  | Manner of injury   |
| 19. UNDERTAKER JOM a Brodomer (Address) Crufuld on a   | 24. Was disease or injury in eny way related to occupation of deceased? Lo   |
| 20. FILED Mar 1, 1934 C. E. Collins Registrar.   | (Signed) S. W. Pay to M. D.  (Address) Chis Jacks, left  |
| If more blanks are needed, address State Registrar   | , 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

May 1,1923

Gastroenteritis

1 year

| STATE  | OF MARYLAND-  | CERTIFICATE OF DEATH   | 1854            |
|--|---|--|-----------------|
| 1. PLACE OF DEATH  |   | (23)   |                 |
| County Do mer  | SeT   | Registration Dist. No. 2   | 00              |
| Village or City Phim   | coss Anne   | NoSt   | Ward            |
| Langth of recidence in city or town w  |   | f death occurred in a hospital or institution, give its NAME instead of street and s                                 |                 |
| A1 .   | nere deeth occurredyrsmos                                 | syrsyrsyrsyr   | osds.           |
| 2. FULL NAME 11/9  | is / hamas  |  |                 |
| (a) Residence: No. Th  | (Usual place of abode)                                    | St., Ward.  If nonresident give city or town and   | State           |
| PERSONAL AND STAT  | ISTICAL PARTICULARS                                       | MEDICAL CERTIFICATE OF DEATH   | Date            |
| 3. SEX 4. COLOR OR RACE  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH TOL 184  | , 193 4         |
| 5a. If married, widowed, or divorced   | 1101912   | (Month) (Day)  | (Year)          |
| HUSBAND of<br>(or) WIFE of   |   | 22 I HEREBY CERTIFY Thet I attended  | deceased from   |
|  | Just 2 1911   | - 19 Del to 7 2  | 1980            |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month   | 12pl. 2, 1/11   |  | ; death is sald |
| 22 5   | s Days If LESS than 1 day,hrs.                            | to heve occurred on the date stated above, at 11.7 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |                 |
| Trade, profession, or particular   | // ormin.   | were as follows:   | Date of onset   |
| kind of work done, as SPINNER<br>SAWYER, BOOKKEEPER, etc   |   |  |                 |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at |   | Jul mo mary luberculosis   | RINTA           |
| SAW MILL, BANK, etc  | Waitross.   |  | 9.010           |
| 10. Date deceased last worked at this occupation (month and year)  | 11. Total time (years) spent in this occupation           |  | -               |
| 12. BIRTHPLACE (city or town)  | LOOKE Anna  | Other Contributory Causes of importance:   | -               |
| (State or country)   | Marylando)  |  |                 |
| 13. NAME donnie  | TRomas  |  |                 |
| 13. NAME On miss   | ary laude   | Name of operation Date of  |                 |
| (State or country)   |   | What test confirmed diagnosis? Wes there an  | eutopsy? (40    |
| 15. MAIDEN NAME 10 Q rg  | Darlaloy  | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following  | g:              |
| 16. BIRTHPLACE (city or town)  | THEIR LAUR  | Accident, suicide, or homicide? Date of injury   | , 19            |
| (State or country)   | 1.  | Where did injury occur? (Specify city or town, county and Sta  | (a)             |
| 17. INFORMANT (Address)  | coso aune 70  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL  | ACE.            |
| 18. BURIAL, CREMATION, OR REMOVAL  | 7 7712  | Manner of Injury   |                 |
| Place from Wing  | Date 2 - 1934   | Nature of injury   |                 |
| 19. UNDERTAKER William   | James   | 24. Was disease or injury In any way related to occupation of deceased?  |                 |
| (Address) 37 Bread   | Sof Parcy ) 14,65   | If so, specify   |                 |
| 20. FILED 2 10 , 1934  | J Julia   | (Signed) Oldge, Russman  | O. M. D.        |
|  | Reg Prat.   | (Address) Tue Ces Cerus  | HION.           |

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| ADDITIONAL SPACE | FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-------------|------------|----|-----------|
|------------------|-------------|------------|----|-----------|

| Registration Dist. No. 26 4  No. 27 20 20 20 20 20 20 20 20 20 20 20 20 20  |
|---|
| St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  |
| MEDICAL CERTIFICATE OF DEATH  |
|   |
| Feb 15 19354  |
| 22. I HEREBY CERTIFY. That I attended deceased from 19.34, to fellow 19. 19.34  |
| to have occurred on the data stated above, at 2 11 mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of ena |
| Other Contributory Causes of importance:  |
|   |
| Name of operation   |
| 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                     |
| Manner of injury  |
| 24. Was disease or injury in any way related to occupation of deceased?  If so, spacify (Signad) (Signad) M.  (Addrass) MAXWM AXWD                  |
|   |

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I   |  | Example II  |  |  |
|-------------|--|---|--|--|
|             | The principal cause of death and related causes of importance were as follows: |   |  |  |
|             |  | 1 week ago  |  |  |
| July 5,1927 | Peritonitis  | 3 days ago  |  |  |
|             |  |   |  |  |
| -d.         | Other contributory causes of importance:                                       |   |  |  |
| May 1,1923  | Gastroenteritis  | 1 year  |  |  |
|             |  |   |  |  |
|             |  | The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance: |  |  |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | <u> </u>   |
| County tomeral   | Registration Dist. No. 268   |
| Village or City Wenne MX   | No. St., Ward  |
|  | death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mrsms,ds.   |
| 2. FULL NAME State Common Believe (  | Velato   |
| (a) Residence: No.   | St., Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Supplied to the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) 2-17-(34   | I last saw h alive on, 19; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at  |
| t 8 0 1 day, - O - hrs. or - Q min.  | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER,   | Date of onset  |
| SAWYER, BDOKKEEPER, etc  | menature   |
| Work was done, as SILK MILL, SAW MILL, BANK, etc.  |  |
| Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.     9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.     10. Dete deceased last worked at this occupation (month and spent in this | wall 9 - worths  |
| year) occupation   | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) L. Lewis   | - Constitution of the postage of the |
| I 13. NAME Walter Del Webeler  |  |
| 13. NAME Walter Del Webeles  14. BIRTHPLACE (city or town) 1/2e  (State or country)  | Name of operation Dete of Detection  |
| (State of Country)   | What test confirmed diegnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Hattee Evan  | 23. If death was due to external causes (VIOLENCE) fill In also the following:   |
| 15. MAIDEN NAME Hattee Evans 16. BIRTHPLACE (city or town). Smiths Island, Mal   | Accident, suicide, or homicide?  |
| (State or country)   | Where did injury occur?  |
| 17. INFORMANT Nolles DWEbolin (Address)  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Date Date Date Date Date Date Date Dat   | Nature of injury   |
| 19. UNDERTAKER AGUELLA (Address)   | 24. Was disease or injury In any way related to occupation of deceased?  |
| 20. FILE July 17 1934  | (Signed) D. Ill. Shevy of M.D.   |
| 20. FILELY Registrar.  | (Address) Dewo John M.   |
| If more blanks are needed, address State Registrar.  | 2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritopitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | V |
|------------|-------|-----|---------|------------|----|-----------|---|
|------------|-------|-----|---------|------------|----|-----------|---|

| STATE OF MARYLAND  | CERTIFICATE OF DEATH   |  |
|--|--|--|
| 1. PLACE OF DEATH  |  |  |
| county Semersel R.F.D  | Registration Dist. No. 270   |  |
| Village or City Cristiele  | NoSt., Ward  |  |
|  | If death occurred in a hospital or institution, give its NAME instead of street and number)                        |  |
|  | sds. How long in U.S. If of foraign birth?yrsmosds   |  |
| 2. FULL NAME LEVY CC WCCs.   | m  |  |
| (a) Residence: No. Sinaunius Rd  | St., Ward.   |  |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS                | If nonresident give city or town and State   |  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                       | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |  |
| OR DIVORCED (grice tha word)   | 2 21 103 4   |  |
| 5a. If marriad, widowad, or divorced                                       | (Month) (Day) (Year)   |  |
| HUSBAND of Codili William  | 22. I BEREBY CERTLEY, That Lattended deceased from   |  |
| man muson  | Fich 7 1934 10 Fe 6 21 1934  |  |
| 6. DATE OF BIRTH (month, day, and year)                                    | I last saw h aliva on Table 2 / 134; daath Is sale   |  |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs.                           | to have occurred on the date stated above, at 12:30 m.   |  |
| ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     |  |
| R Trade, profession, or particular kind of work done, as SPINNER,          | Hemaplegue   |  |
| SAWYER, BOOKKEEPER, etc.   | -  |  |
| work was done, as SILK MILL, Work Boat SAW MILL, BANK, etc.                |  |  |
| U 10. Date daceasad last worked at 11. Total time (years)                  |  |  |
| this occupation (month and 1914) spent in this year) occupation occupation |  |  |
| 12. BIRTHPLACE (city or town)  | Other Contributory Causes of importance:   |  |
| (State or country)   | TTTO   |  |
| 13. NAME Cessie Wilson   | - Comments of the second   |  |
| 13. NAME  14. BIRTHPLACE (city or town)                                    | Name of oparation Date of  |  |
| (State or country)   | What test confirmed diagnosis Weethere an autopsy?   |  |
| 15. MAIDEN NAME Unknown  | 23. If death was due to axternal causes (VIOLENCE) fill in also the following:                                     |  |
| 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19   |  |
| X (State or country)   | Where did injury occur?  |  |
| 17. INFORMANT James Wilson   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |  |
| (Address Crifield and  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |  |
| Place Marine Date Jev, 20, 1932  | Nature of injury   |  |
| 19. UNDERTAKER John Q. Bradshaw  | 24. Was disaase or injury in any way related to occupation of deceased?  |  |
| (Address) Creefield Ind  | If so, specify   |  |
| 20, FILED 406-21, 1934 C. E. Coppins                                       | (Signad) M. D  |  |
| Registrar.   | (Addrass) Confee phil.   |  |
| If more blanks are needed, address State Registrar,                        | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |  |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUPEAUVE   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | THAT!         |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |